



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Georgia Department of Community Service
Contracts Administration
2 Peachtree Street, NW, 35th Floor
Atlanta, Georgia 30303-1519
Phone Number: 404-657-8979
Fax Number: 404-656-4988

Request for Proposal Number: **419-03-00397**

Addendum Number: **02** **Dated:** **April 14, 2004**

Commodity or Service: : **Migrant Health Services in Houston and Peach Counties**

RFP Initially Mailed/Posted to Internet: **April 5, 2004**

Purchasing Agent: **Joseph Johnson** **Telephone No.** **(404) 657-8979**

RFP Due Date: **April 27, 2004** **Time:** **2:00:00 PM EDT**

The purpose of this addendum is to provide the following information which is hereby made a part of this RFP:

♦ **Project Budget**

The anticipated dollar amount to be awarded under this solicitation shall not exceed One Hundred Thousand Dollars and No Cents (\$100,000.00), unless otherwise provided for by an approved contract amendment, authorizing an increase to the said maximum amount.

All Offerors are required to answer the question as stated below:

Are you currently engaged in any contract(s), to your knowledge, with an existing DCH vendor(s) or do you have a principal interest with any business owned or not owned by current DCH vendors? Please state in detail your association to the contract(s). The Offeror must add the response to this question to Appendix B as Section 9 (3).

All other items remain the same.

NOTE PLEASE REVIEW CAREFULLY!

In the event of a conflict between previously released information and the information contained herein, the latter shall control.

NOTE: A signed acknowledgment of this addendum (this page) should be attached to your RFP response. A signature on this addendum does not constitute your signature on the original RFP document. The original RFP response must also be signed in the proper places.

Firm Name

Signature

Typed Name and Title

Date